

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/936461

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		2			
TOTAL DEP.	17	↔	17	↔		
TOTAL CLAIMS	19	[REDACTED]	19	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.				↓			↓	
TOTAL DEP.				↔			↔	
TOTAL CLAIMS				[REDACTED]			[REDACTED]	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS